

City of Greensboro

BETTERBUILDINGS PROGRAM CONTRACTOR APPLICATION

The undersigned contracting firm hereby applies to be placed on the "Pre-qualified Contractor's List" maintained by the BetterBuildings Program for the purpose of performing Energy Assessments or Energy related construction work. It is certified that the information given below is complete, factual, and no unfavorable information has been withheld.

Please attach the supporting information requested

LEGAL NAME OF BUSINESS: _____ Tax ID _____

TRADING AS OR DBA NAMES _____ DUNS # _____

PARENT COMPANY (if any) _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PHONE _____ FAX _____

PRIMARY EMAIL _____

WEBSITE _____

YEAR FOUNDED _____ LEGAL FORM ☐ Corporation ☐ Partnership ☐ Sole Proprietor

SERVICES PROVIDED (check all that apply) ☐ RESIDENTIAL ☐ COMMERCIAL

☐ Heating ☐ Cooling ☐ Air Sealing/Insulation ☐ Electrical/Lighting ☐ Plumbing ☐ Windows/Doors ☐ Siding/Roofing

☐ "Whole House" Home Performance Energy Remodeling ☐ General Remodeling

☐ Solar PV ☐ Solar Thermal ☐ Geothermal ☐ Oil ☐ Gas ☐ Propane ☐ Wood/Coal ☐ Sunrooms

☐ Other _____

☐ Energy Auditing (BPI/RESENT certified) HERS Rater Number _____

AVERAGE NUMBER OF ANNUAL INSTALLATIONS _____ AVERAGE JOB SIZE \$ _____

ANNUAL SALES ☐ < \$500,000 ☐ \$500,000 to \$2,000,000 ☐ > \$2,000,000 NET WORTH ☐ < \$50,000 ☐ \$50,000 to \$250,000 ☐ > \$250,000

GEOGRAPHIC MARKETS SERVICED in NC _____

PRINCIPAL CONTACTS	Title	% Owned	SS Number- Required	E Mail
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRADE ASSOCIATION MEMBERSHIPS _____

CERTIFICATIONS— *Please attach all certification documentation*

Names of Individuals Certified and certification and license or certificate number (attach copy of documentation)

☐ BPI _____

☐ RESNET _____

I certify that the above information is true and correct, and understand that the Better Buildings program will make reference inquiries and that it may order credit reports, and/or independent background investigations on the company and principals.

Authorized Signer (Signature) _____ Date _____

Print Name _____
Title _____

NAMES AND ADDRESSES AND YEARS OF CONSTRUCTION EXPERIENCE OF ALL OWNERS, PARTNERS AND STOCKHOLDERS: USE ADDITIONAL SHEETS IF NECESSARY.

NAME: _____ ADDRESS: _____ YRS

NAME: _____ ADDRESS: _____ YRS

NAME: _____ ADDRESS: _____ YRS

NAME: _____ ADDRESS: _____ YRS

OTHER CONTRACTING FIRM NAMES UNDER WHICH THE PRINCIPALS HAVE OPERATED, WITH FORMER ADDRESSES AND CITIES:

REFERENCES: Include NAMES, ADDRESSES, ACCOUNT NUMBERS and CONTACT PERSON

BANKS: _____

MATERIALS DEALERS including acct. #s _____

LIST THREE RECENT Energy Upgrade (Retrofit) CUSTOMERS

1. _____ Address: _____ Ph# _____

2. _____ Address: _____ Ph# _____

3. _____ Address: _____ Ph# _____

BetterBuildings Program Contractor Requirements

The undersigned-contracting firm agrees that in consideration for being placed upon the "Pre-qualified Contractors List"; s/he will comply with the following conditions on all rehabilitation work performed:

1. To use only contract forms previously approved by the City of Greensboro BetterBuildings Program.
2. That work will be performed in accordance with the City's BetterBuildings program Specifications, subject to such inspections as deemed necessary by the City.
3. That if work performed by the contractor is found to be unsatisfactory or if contract relations between the contractor, property owner, program staff, or other parties is found to be unsatisfactory, the BetterBuildings Program Manager may remove the contractor's name from the Contractor's Pre-qualified List".
4. That adequate insurance and Workers' Compensation will be provided.
5. That the contractor will abide by the Equal Opportunity provisions of the Civil Rights Act.

Insurance:

The City of Greensboro requires all contractors to carry Workers' Compensation Insurance for all of his/her employees and those of his subcontractors engaged in work at the site, in accordance with State Workers' Compensation Laws.

The contractor shall also carry the following insurance and submit proof of coverage prior to the execution of a contract. Failure to maintain the insurance at the limits required shall be grounds for removal from the "Better Buildings" program.

Comprehensive General Liability	\$1,000,000.00 per occurrence;
Bodily Injury Liability	\$ 300,000.00 per occurrence;
Property Damage Liability	\$ 300,000.00 per occurrence

The City of Greensboro BetterBuildings Program requires a Certificate of Insurance from the insurance carrier documenting current coverage for the contractor in the minimum coverage limits shown above. Certificate holder shall be:

City of Greensboro
Post Office Box 3136
Greensboro, NC 27402-3136

Other Contractor Requirements: NOTE: Please attach copies of any Certifications and Licenses to this application.

1. BPI Building Analyst and/or Resnet HERS Rater with Combustion Safety Training Module Certification
2. BPI Technical Standards or Duke Energy training (For HVAC Contractors)
3. *Proper air-sealing and insulation techniques (Insulation Contractors)
4. City of Greensboro Privilege License
5. Copy of your State of North Carolina Contractor License (if applicable)
6. Demonstrate that key staff performing Energy Efficiency Assessment work in the company possess BPI certification or comparable Resnet certification.
7. Agree that all major HVAC work will be completed by a BPI certified Heating and Cooling contractor.
8. Demonstrate as part of application that it has successfully performed Energy retrofit work. Staff experience with similar jobs may qualify as determined by the BetterBuildings program manager.

9. Demonstrate that it has not had excessive violations of Workplace Laws in the past three years, nor been debarred from bidding on public contracts by any jurisdiction in the past three years.
10. Agree to perform complete warranty service on all program retrofits, for a period of one year from date of completion of each energy upgrade retrofit.

Social Security Number (Owner or principal)

Company Tax ID Number

Firm Name

Authorized Signature

Title

City of Greensboro BetterBuildings Program

NEW CONTRACTOR AUTHORIZATION FORM

The following members of my company are authorized to sign any contracts, change orders, or other documents associated with my Company's participation in the City of Greensboro BetterBuildings Program.

Owner/President

Date

Authorized Representative

Signature

Authorized Representative

Signature

Authorized Representative

Signature

Authorized Representative

Signature

Authorized Representative

Signature

City of Greensboro BetterBuildings Program

CREDIT HISTORY RELEASE

I hereby give my consent for the City of Greensboro to request my credit history from the Credit Bureau of Greensboro for purposes of processing my application to be included on the Pre-qualified Contractors List for the City of Greensboro BetterBuildings Program.

Date: _____

Company

Address

Authorizing Signature

City of Greensboro BetterBuildings Program

BANKING HISTORY RELEASE

I hereby give my consent for the City of Greensboro to request my banking history for purposes of processing my application to be included on the Pre-qualified Contractors List for the Better Buildings Program. I understand that my balances will not be requested as part of this procedure.

Date: _____

Company

Name of Bank: _____

Company Address

Bank Address: _____

Authorizing Signature

Account Number: _____

Reply to:

TO: Josh Mullins
Sustainability Planner
City of Greensboro
Post Office Box 3136
Greensboro, NC 27402-3136
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Phone: 336-373-7944
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